STATE OF HAWAII

MAKE REMITTANCE PAYABLE TO:

DEPARTMENT OF COMMERCE AND CONSUME AFFAIRS

BUSINESS REGISTRATION DIVISION

1010 Richards Street

Your cancelled check is your receipt

it horam ya mautemlaring Drilhe etal roe yelamen

Mailing Address: P.O. Box 40, Honelulu, H1, 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1989

CORPORATE NAME AND MAILING ADDRESS:

T SEON FILEH ID DATE 389 -LINE 4-90/04/11 NCO 5

SPORTS SHINKO RESORT HOTEL CORPORATION 1001 BISHOP STREET #2200 - PACIFIC TOWER HONOLULU , HI 96813

TOTAL AMOUNT \$

7767801

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

AUTHORIZED CAPITAL

PAID-IN CAPITAL NUMBER OF SHARES ISSUED

P/D

V/T

¥

S

AS

D

NUMBER 20.000

NUMBER 1,000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

(To correct, line out and print corrections below, If inactive during the period, state INACTIVE.)

Holding company

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right, See instructions on back of form.) ns on the right, see institutions of back of the state of

DIRECTOR CODE NAME IN FULL

Masao Wakamori

Tsugio Fukuda

Shunichi Iguchi

Franklin K, Mukai

Toshio Kinoshita Takeshi Kinoshita 6-20-8 Seijo Setagaya-ku, Tokyo JA

13749 Condesa Drive, Del Mar, CA 920144-18-18 Katahira Asa Kawasaki Kanagawa JA

2-22-7 Nakamura Nerima-ku, Tokyo JA

95-054 Hokuiwa #111 Mililani Town, HI 96821 1140 Waiholo St., Honolulu, HE

96789

- P. S. Č.

CERTIFICATION

I certify under the penalties of Section 415-136. Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

1 The above information is true and correct and no changes are necessary.

The above information is true and correct with changes so noted.

SIGNATURE OF AUTHORIZED OFFICER.

Asst. Secretary

(OFFICE HELD)

(if Attorney-in-fact signs, attach power of attorney) FILE NO. 0077678D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)
Rev. 12/89 (see reverse side for instructions) 015-0915-10

015-0915-17

@/Rev. 12/89

EXHIBIT 2

STATE OF HAWAII

MAKE REMITTANCE PAYABLE TO: FR. ING FEE: \$15.00

DEPARTALINT OF COMMERCE AND CONSUME. AFFAIRS

BUSINESS REGISTRATION DIVISION

1010 Richards Street Your cancelled check is your receipt

Mailing Address: P.O. Box 40, Honolulu, HI. 96810

STIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1989

CORPORATE NAME AND MAILING ADDRESS:

T SER FILE? TRANS ID DATE 90/04/25 GHA 3 8 -LINE 4-1988

> 7 4

15.00

ORIGINAL-HETURN BY MARCH 31 PENALTY FOR LATE FILING

TOTAL AMOUNT \$

SPORTS SHINKO (HAWAII) CO., LTD. 95-176 KUAHELANI AVENUE MILILANI , HI 96789

6126001

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City. State, and Zip Code:

AUTHORIZED CAPITAL

PAID-IN CAPITAL NUMBER OF SHARES ISSUED!

CLASS/SERIES COMMON

* 0

NUMBER 20.000

CLASS/SERIES COMMON

нименя 13,998

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS: HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

(List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be 3. OFFICERS/DIRECTORS:

a resident of Haweii. To correct, line out and print corrections on the right. See instructions on back of form.)

OBE ON THE TIGHT. SEE INSTRUCTIONS ON SECK OF CHEEK.

RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS)

(INCLUDE NUMBER & STREET, APT, NO., CITY, STATE & ZIF CODE)

6-20-SEIJO SETAGAYA TORYO JA

4-18-18 KATAHIRA ASA KAWASAKI KANAGAWA PR NAME IN FULL

OFFICE HELD! DIRECTOR CODE

KINOSHITA. TOSHIO

*P/S/T/0 +V/D WAKAMORI, MASAO

fuctshar city S-SC-4-SHOWAN-DAT -EHZAWAF, AGTHZOY 160 Hoauna St 🗲 WAILUKU HI 96793 1743-NAMA-37-#102 AT NISHIDA, YASUO 1140 WATHOLD ST HON HI 9682:

MUKAI FRAKLIN K 13749 Condesa Drive. Del Mar, CA 92014 V Takeshi Kinoshita

V Tsugio Fukuda 2-22-7 Nakamura Nerima-ku, Tokyo JA

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

[1] The above information is true and correct and no changes are necessary.

[X] The above information is true and correct with changes so noted.

DATE: March 26, 1990

SIGNATURE OF AUTHORIZED OFFICER,

Asst. Treasurer

(OFFICE HELD)

Attorney-in-fact signs, attach power of attorney FILE NO. 0061260D1

(File this original copy. Photo copy will not be accepted. Keep photo copy for your records.) (see reverse side for instructions)

015-0915-10

015-0915-17

Rev. 12/89

STATE OF HAWAII

MAKE REMITTANCE PAYABLE TO: FILING FEE: \$15.00

1,5

DEPART

IT OF COMMERCE AND CONSUME BUSINESS REGISTRATION DIVISION FFAIRS

DRIGINAL-RETURN BY MARCH 31 PENALTY FOR LATE FILING

1010 Richards Street

Your cancelled check is your receipt

Mailing Address: P.O. Box 40, Honolulu, H1. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1989

DATE ID

T SEO# FILE#

CORPORATE NAME AND MAILING ADDRESS:

90/04/25 GHA 3

TRANS 4-1988

TOTAL AMOUNT \$

15.00

PORTS SHINKO (MILILANI) CO., LTD. 5-176 KUAHELANI AVENUE ILLILANI , HI 96789

4571901

If the above mailing address has changed, line out address and type or print the new address on the following line: Give Number, Street, City, State, and Zip Code:

I. AUTHORIZED CAPITAL

CLASSISERIES COMMON

v

NUMBER 20,000

PAID-IN CAPITAL INUMBER OF SHARES ISSUED!

NUMBER 10.998

To Correct the above capital(s), line out and print the correct class/series and pumbers on the right,

2. NATURE OF BUSINESS: GOLF COURSE OPERATION

(To correct, line out and grint corrections below. If mactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS. (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawait. To correct, line out and print corrections on the right. See instructions on back of form.)

RESIDENCE ADDRESS: (ID. NOT. LIST BUSINESS ADDRESS)

DIRECTOR CODE

CIHECUTA, TOSHIO *P/S/T/D

• V/D WAKAMORI, MASAO YOSHLDA, TAKASHI يبين

"AS IGUCHI, SHUNJCHI

DUZAY, AUTHEIN *AT MUKAL FRANKLIN ° 0

Takeshi Kinoshita

Tsugio Fukuda ΰ

6-20-8 SEIUG SETAGAY TOKYO JA 🚣 4-18-48 KATAHIRA ASA KAWASAKI KANAGAWA PR TUUTSAWA CITY UK

3-25-4-5)10NAN-DAI-95-054 HOKUIWA ST #4 MILILANI HI 96789 PURALANT HE SCIEB 160 Hoauna St.

2274 HIBLAN! ST - Wailuku, HI 96793 🗲 1140 WATHOLD ST HON HI 96821 -

13749 Condesa Drive, Del Mar, CA 92014

2-22-7 Nakamura Nerima-ku, Tokyo EA

جَعَ

CERTIFICATION

I certify under the penalties of Section 415-136. Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

l i The above information is true and correct and no changes are necessary.

[X] The above information is true and correct with changes so noted.

1990 DATE: March 26,

19. E. E. SIGNATURE OF AUTHORIZED OFFICER,

Asst. Treasurer

(OFFICE HELD)

(if Attorney-in-fact signs, attach power of attorney) FILE NO. 0065719D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)

Rev. 12/89 (see reverse side for instructions) 015-0915-10

015-0915-17

STATE OF HAWAII



DOMESTIC PROFIT CORPORATION MAKE NEWLYTANCE PAYAME TO: FILING FRE TILING

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS BUSINESS REGISTRATION DIVISION

CALGINAL-WETTERN BY MARCH 31 FEMALTY FOR LATE FILING

1010 Richards Street

Your cancelled cheek is your receipt

Mailing Address: P.O. Box 40, Honolulu, HI, 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31. 1989 CORPORATE NAME AND MAILING ADDRESS:

> SPORTS SHINKO (KAUAI) CO., LTD. 2545 KIAHUNA PLANTATION DRIVE

817 00089244 822 00089245

15.00

KOLOA, HI 96756

40.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL CLASSISERIES

NUMBER

PAID-IN CAPITAL INLIMBER OF SHARES ISSUED!

CLASSISERIES

NUMBER

Common

20,000

Common

3,998

To Correct the above capital(s), line out and print the correct class defies and numbers on the right.

2. NATURE OF BUSINESS:

Golf Course Operation

(To correct, line out and print corrections below, if inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: {List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, like out and print corrections on the right, See instructions on back of form.)

PFICE HELD! NAME IN FLAT.

RESIDENCE ADDRESS: IDO NOT LIST BUSINESS ADDRESS:
LINCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE: OFFICE HELD!

P/S/T/D KINOSHITA, Toshio VP/D WAKAMORI, Masao YOSHIDA, Takeshi AS NISHIDA, Yasuo AT MUKAI, Franklin K. D

6-20-8 Seijo Setagaya-Ku Tokyo Japan 🗲 4-18-18 Katahira Asao-Ku Kawasai Kanagawa Pref. 3-25-4 Shonan-Dai Fujisawa City

Japan 160 Hoauna St., Wailuku, Hi 96793 1140 Waiholo St., Honolulu, Hi 96821

Japan

CERTIFICATION

I certify under the penalties of Section 415-136. Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

[] The above information is true and correct and no changes are necessary.

[] The above information is true and correct with changes so noted.

DATE: 03/03/93

Rev. 12/90

SIGNATURE OF AUTHORIZED OFFICER,

Assistant Treasurer

OFFICE HELDI

lif Attorney-in-fact signs, attach power of attorney

(File this original copy, Photo copy will not be accepted. Keep photo copy for your records. (see reverse side for instructions) B17 /5

B22 YO

DOMESTIC PROFIT CORPORATION MAKE REMITTANCE PAYABLE TO: FILING PEE: \$15,00

STATE OF HAWAII

DEPART. ENT OF COMMERCE AND CONSUME AFFAIRS BUSINESS REGISTRATION DIVISION

ORIGINAL-RETURN BY MARCH 31 PENALTY FOR LATE PILING

1010 Richards Street

Your cancelled check is your receipf

Mailing Address: P.O. Box 40, Honolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1989

CORPORATE NAME AND MAILING ADDRESS:

ΙĎ 90/04/06 RKN TOTAL AMOUNT \$

T SEQ# FILE# 128 -LINE 4-3143 15,00

SPORTS SHINKO (PUKALANI) CO., LTD. 360 PUKALANI STREET PUKALANI , HI 96788

6956601

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

AUTHORIZED CAPITAL

CLASS/SERIES

PAID-IN CAPITAL INUMBER OF SHARES ISSUED

CLASS/SERIES COMMON

NUMBER

1.000

To Correct the above capital(s), line out and print the correct class/series and numbers on the fight

2. NATURE OF BUSINESS:

(To correct. line out and print corrections below. If mactive during the period, state INACTIVE.)

Golf Course Operation

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawail To opered, line out and print entrections on the right. See instructions on back of form.)

RESIDENCE ADDRESS IDO NOT LIST BUSINESS ADDRESS INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE:

TOR CODE

OFFICE HELD?

DIRECTOR CODE

T

Toshio Kinoshita P/D Takeshi Kinoshita V Tsugio Fukuda S Yasuo Nishida T

Franklin K. Mukai

6-20-8 Seijo Sezagaya Ku Tokyo Japan 🗲 13749 Condesa Drive, Del Mar, Ca. 92014 2-22-7 Nakamura Nerima-Ku Tokyo 176 Japan 160 Hoauna St., Wailuku, Hi 96793 4

1140 Waiholo St., Honolulu, Hawaii 96821

2.0

CERTIFICATION

I certify under the penalties of Section 415-136. Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

- [] The above information is true and correct and no changes are necessary.
- [x] The above information is true and correct with changes so noted.

DATE:

14-16 ·NARIO SIGNATURE OF AUTHORIZED OFFICER. Treasurer

IOFFICE HELD!

lif Attorney-in-fact signs, attach power of attorney!

FILE NO. 0069566DI (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)

(see reverse side for instructions)

015-0915-17

DOMESTIC PROFIT CORPORATION MAKE REMITTANCE PAYABLE TO: FILING FEE \$15.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS BUSINESS REGISTRATION DIVISION

ORIGINAL-RETURN BY MARCH 31 PENALTY FOR LATE FILING

1

1010 Richards Street

Your cancelled check is your receip-

Mailing Address: P.O. Box 40, Honolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1990 CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO RESORT HOTEL CORPORATION 1001 BISHOP STREET #2200 - PACIFIC TOWER HONOLULU , HI 96813

T SECH FILES DATE E TRANS 91/06/29 B17 4 51 -LIME 4- 152 TOTAL AHOUNT \$ 7767801 15.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL CLASSISERIES COMMON

NUMBER 20,000 PAID-IN CAPITAL INUMBER OF SHARES ISSUED!

CLASS/SERIES COMMON

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: OFFICERS/DIRECTURS: (List all differs and directors, every corporation man date of minimum of the difference of the diff (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must DIFFICE HELD/ ~9/0 6-20-8 SEIJO SETAGAY SEE RPT (19749 CONDESA DR DEL MAR CA 92014 KINDSHITA, TOSHIC * V/T KINDSHITA, TAKESHI 2.0 WAKANORI , MAGAD 4 10 10 HATAHERA GEE-*s/p FUKUDA.TSUGIO 2-22-7 NAKAMURA SEE RPT LOUGHY SHEWFOHI 25-05-1 HOWISTWO WITH MILICANI 2678 MUKAI FRANKLIN K 1140 WAIHOLD ST HON HI 95721 Japan KAWASALI, TOMIC 525 BABA KAIZUKA, CITY WFD 581 KAMOKU ST #908 HNL HI 96826 ASID SOEJIMA, KOTCHI 5-45-2 Mataubara Setagaya-ku Tokyo, Japan 156 7 YAMAMOTO, IWANE

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE POLLOWING STATEMENTS

[] The above information is true and correct and no changes are necessary.

il The above information is true and correct with changes so noted.

DATE: March 19, 1991

Julian SIGNATURE OF AUTHORIZED OFFICER,

Asst. Secretary

lif Attorney-in-fact signs, attach power of attorney FILE NO.0077678D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)

Rev. 12/90 (See reverse side for instructions)

B17

OFFICE HELD!

STÅTE OF HAWAII

MAKE REMITTANCE PAYABLE TO:

DEPART NT OF COMMERCE AND CONSUME BUSINESS REGISTRATION DIVISION

70.5

AFFAIRS ORIGINAL-BETURN BY MARCH 31 PENALTY FOR LATE FILING

1010 Richards Street

Mailing Address: P.O. Box 40, Honolulu, Hl. 96810

Your cancelled check is your receipt

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1990 CORPORATE NAME AND MAILING ADDRESS:

> SHINKO (HAWAII) CO., LTD. KUAHELANI AVENUE NI , HI 96789 MILILANI

DATE 10 T SEQ# FILE# TRAN\$ 91/07/05 817 3 129 -LINE 4- 81 TOTAL AMOUNT \$ 15.00 61260D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL

CLASS/SERIES

NUMBER 20,000

PAID-IN CAPITAL INUMBER OF SHARES ISSUED! CLASS/SERIES NUMBER COMMON

42,990

16 49 8

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

FFICE HELD!

NAME IN FULL

RESIDENCE ADDRESS: (DO NOT LIST BUSINESS ADDRESS)

(INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE) DEFICE HELDA DIRECTOR CODE *P/\$/T/D KINOSHITA, TOSHIO 5-20-SEIJO SETAGAYA TOKYO JA *V/0 DESAM, INCHANAW 4-10-10-HATAIITAK-ASA KAWAGAHE 19749 CONDESA DR DEL MAR (2-22-7 NAKAMURA NERI TOKYO JA *V/0 KINOSHITA, TAKESHI DEL MAR CA 92014 1.2 *V/D FUKUDA.TSUGIO + A T NISHIDA, YASUD K WAILUKU HI 96793 160 HOAUNA, ST *0 MUKAT, FRANKLIN K HON HI 96821 € 1140 WAIHOLO ST Socima, Coichi 581 KAMOKU ST #908 HNL, HI 968264 ASID OSA SA SAL-OI ONYON 525 BABA KAIZUKA CITT. LAWASAKI Tomio VD V YAMAMOTO, IWANE 5-45-2 Mataubara Setagaya-Ku Tokyo?

CERTIFICATION

I certify under the penalties of Section 415-136. Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

1 The above information is true and correct and no changes are necessary.

il The above information is true and correct with changes so noted.

DATE: March 19, 1991 ina

Asst. Secretary

(OFFICE HELD)

SIGNATURE OF AUTHORIZED OFFICER,

lif Attorney-in-fact signs, attach power of attorney)

FILE NO.0061260D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)

Rev. 12/90 (see reverse side for instructions)

B17



STATE OF HAWAII

MAKE REMITTANCE PAYABLE TO: FILING FEE: \$15.00

DEPARTMENT OF COMMERCE AND CONSUME AFFAIRS BUSINESS REGISTRATION DIVISION

ORIGINAL-RETURN BY MARCH 31 PENALTY FOR LATE FILING

1010 Richards Street

Your cancelled check is your receip

Mailing Address: P.O. Box 40, Honolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1990 CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (MILILANI) CO., LTD. 95-176 KUAHELANI AVENUE MILILANI, HI 96789

T SEG# FILE# TRANS DATE ID 91/05/17 B17 3 237 -LINE 4- 210 TOTAL AMOUNT \$ 15.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

AUTHORIZED CAPITAL

CLASS/SERIES COMMON

3.5

NUMBER 20,000 PAID-IN CAPITAL INUMBER OF SHARES ISSUED! NUMBER

CLASSISERIES COMMON

10,998

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line our and print corrections below. If inactive during the period, state INACTIVE.)

(List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawkit. To correct, line out and print corrections on the right. See instructions on back of form.)

FEICE HELD! NAME IN FULL

RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS)

RECTOR CODE

(INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)

OFFICE HELD/

*P/S/T/D KINOSHITA, TOSHIG DACAMORIA MAGAC * V/D ·V/D KINOSHITA. TAKESHI 4 GUCHT SHUNTCHT *AT NISHIDA, YASUO MUKAI, FRANKLIN

FUKUDA, TSUGIO Sociema, Korchi A5/0

Tomio KAWASAKI V/D

YAMAMOTO IWANE

TOKYO JA KANAGAWA 6-20-8 SEIUD SETAGAY TOKYO JA JULE 18 KATAWIRA ASA 13749 CONDESA DR DEL MAR CA 92014 95-054 HOKUIWA S HILILANI HI 56709 WAILUKU HI 96793 🗲 160 HOAUNA ST 1140 WATHOLD ST HON HI .9682: 2-22-7 NAKAMURA NERI TOKYO JA

581 KAMOKU STREET #908 HONOLLU, HAWAII 96826

597-01 Apan 525 BASA KAIZUKA CITY OSALA

5-45-2 Matsubara Setagaya-ku Tokyo, Japan

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

[] The above information is true and correct and no changes are necessary.

IV The above information is true and correct with changes so noted.

3/20/9/ DATE:

SIGNATURE OF AUTHORIZED OFFICER,

Asst.Secretary IOFFICE HELD)

03

lif Attorney-in-fact signs, attach power of attorney)

7 Ì

FILE NO.0065719D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)

Rev. 12/90 (see reverse side for instructions)

B17

DOMESTIC PROFIT CO	BPORATION S	TATE OF HAWA	AII			
MAKE REMITTANCE PAYAB FILING FEE: \$15.00	LE TO: DEPARTMENT	OF COMMERCE AND (NESS REGISTRATION	CONSUMER AF	FAIRS ONG	e horrw vu hentsk-land Dailh etal hof ytlangn) •
Me	Mailing Ad	1010 Richards Street dress: P.O. Box 40, Hon	st olulu, HI. 9681	Your cancelle	d check is your recei	pί
DOMESTIC PROFIT	CORPORATION ANNUA	L REPORT FOR THE Y	YEAR ENDED I	DECEMBER 31	, 1990	
)	RTS SHINKO (KAUAI) KIAHUNA PLANTATI DA , HI 96756	n i	7 00113500	13- 4/30/91	15.00	
If the above mailing	address has changed, line State, and Zip Code:		print the new a	ddress on the f	ollowing line. Give	
AUTHORIZED CAPIT CLASS/SERIES COMMON	fal Number 20,000	PAID-IN CAPITAL CLASS/SERIES COMMON		ARES ISSUELE	C S	
To Correct the above cap 2. NATURE OF BUSINE	GOLF COURSE OPERATIO		~	WERNER AND	CEIVED RECEIVED	
OFFICE HOLD NAME IN DIRECTOR CODE *P(S)T/D KINOSH: *XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ITA, TOSHIO	RESIDENCE ADDRESS (DO NO (INCLUDE NUMBER & STREI 6-20-8 SEIJO SETAGAY XXXII SEX ATANIBA ASS VIANTE SEX ATANIBA ASS VIANTE SEX ATANIBA ASS	T LIST BUSINESS AR ET, APT. NO., CITY, TOKYO JA KAWASAKKKAMA XAWASAKAKAMA	iduals as officers. A DRESS) STATE & ZIP COD MANAXE MONTH XXX CON XX GRID HORI	I least one director must	_
AS FUKUI V/D KAWAS	SHITA, Takeshi DA, Tsugio SAKI, Tomio IMA, Koichi	13749 Condesa D 2-22-7 Nakamura 515 Baba Kaizuk 581 Kamoku St.,	Neri, Toka a-Shi OsaK	o 170 Japa L. Japan	àn	
Mark to the second state of the second state o		Toou 66	· · · · · · · · · · · · · · · · · · ·	Survey of the Su	MOSTARS SESTINATION SESTINATIO	
I certify under th	e penalties of Section 415-	ERTIFICATION	nératus thus Y Lun			
CH [] The [] The	ECK ONLY ONE OF THE above information is true above information is true	FOLLOWING STATEM	MENTS	y. See 5	88 87 77	
FILE NO.006381 Rev. 12/90	" (File this original c	SIGNATURE OF AUTHORIZE rney-in-fact signs, attach opy. Photo copy will no verse side for instruct	power of attorned k	with the	FFICE HELD) y for your records.)	
					B17 (5)	

Q.		PROFIT COR	Mailing A	ISINESS REGISTRATI 1010 Richards Address P.O. Box 40, (C.) UAL REPORT FOR TI	Street Honolulu, HI. 96		esck ir your receips
; ;	CORPOR		und mailing a hithro (pura ilani street hi 96788	DDRESS: LANI) CO., LTD.	817 0 0113503	13- 4/30/91	يعلم الله
· .	f the above timber, Stre	melling addras ci. City, State,	r bas changed, liz , and Zip Code:	a out address and type			13.00 wist lies Give
; . 1	AUTHORIZI CLAMPERIA COMMON		NEWSEE 20,000	PAID-IN CAP CLAIMTER CONNON	ITAL BALLINGS OF E	TORUSSI SERANDI ESEMUR COO.1	annanggalan gapapapapapapapapapapapapapapapapapapap
: ; 3	To Comente.	OCC.	COURSE OPERAT	eren classpecies and sumbars IOB classocractions below, Cineci	*	e inactive)	
D	OFFICERS/OFFICE PRIOR CONTINUE PRIOR	RECTORS: (LI RECTORS: (LI RECTORS: MANA KINDENTIA, TO KINDA, TENOT: FURNOA, TENOT: NISHIRA, YASH MIRAI, YARH	g Kishi Chic	or. Beny comporation ment's resident on the right, she last mentodeck anomals: to the composition of the com	NATIONAL OF ONCE OF COME O HOT LIST SUBSESSI- IFEREY, APT. MO., CIT ARAY TOKYO JAPAN DEL: MAR CA	ADDARNU ZIP CODE	
V, AS,	/p /p	KAWASAKI, BOBJIMA,	Toulo Koloni	515 Baba Kai 581 Kamoku S	zuka-Shi Ose E., \$908, Ho	ta. Japan	***
				AJKE E WE C			
	i certify i	under the pers	lties of Section 4	CERTIFICATIO		bave road the above	
		i loc above	information is by	HE POLLOWING STA	charges are necess	ary.	alikeda

STATE OF HAWAII

MAKE REMITTANCE PAYABLE TO: FILING FEE: \$15.00

DEPARTMENT OF COMMERCE AND CONSUMES AFFAIRS BUSINESS REGISTRATION DIVISION

ORIGINAL PETURO BY MA PENALTY FOR LATE

1010 Richards Street

Your cancelled check is your Mailing Address: P.O. Box 40, Honolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 11 199 CORPORATE NAME AND MAILING ADDRESS:

TEAMS 91/06/29 817 4 481 -LINE + 18: TOTAL AMOUNT \$

SPORTS SHINKO (WAIKIKI) CORPORATION 1001 BISHOP STREET #2200-PACIFIC TOWER HONOLULU , HI 96813

15. án

7947801

If the above mailing address has changed, line out address and type or print the new address on the following line. G. Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL

CLASS/SERIES COMMON

NUMBER 20,000 PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)

CLASS/SERIES COMMON

NUMBER 4 600 ZOOO

To Correct the above capital(s), line out and print the correct classifieries and numbers on the right.

2. NATURE OF BUSINESS:

TO OWN AND OPERATE HOTELS

(To correct, fine our and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as difficers. At least one director modes a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as difficers. At least one director modes on back of form.)

OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as difficers. At least one director must have a minimum of two individuals as difficers. At least one director modes on back of form.)

OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as difficers. At least one director modes on back of form.)

OFFICE HELLO INDIVIDUAL AND I *P/Y/D KINOSHITA. TOSHIO SETAGAYA-KU TOKYO JA 6-20-8 SEIJO *V/0 KINOSHITA, TAKESHI KAWASAKI, TOMIO COSTA DEL MAR ROAD CARLSBAD CA 82008 * V / D 525 BABA KAIZUKA-CIT OSAKA 597-01, JAPAN 2-22-7 NAKAMURA NERI TOKYO 176 JAPAN 1140 WAIHOLO STREET HONOLULU HI 1000 *5/0 FUKUDA, TSUGIO *D/A3 MJKAI, FRANKLIN K

AS D

SUKULINIA, KOICHE

581 KAMOKU ST #908 HNL, HI 96826

V YAMAMOTO, IWANE 5-45-2 Matsubara Setagaya-Ku Tokyo,

*** Japan

> ... چ

156

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and;

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

1 The above information is true and correct and no changes are necessary.

[] The above information is true and correct with changes so noted.

DATE: March 19, 1991

Kallema SIGNATURE OF AUTHORIZED OFFICER.

Asst.Secretary IOFFICE HELDI

ilf Attornay-in-fact signs, attach power of attornay) FILE NO.0079478D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your rece

(see reversa side for instructions)

STATE OF HAWAII

MAKE REMITTANCE PAYABLE TO: FILING FEE \$15.00

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS BUSINESS REGISTRATION DIVISION

ORIGINAL-RETURN BY MARCH 31 PENALTY FOR LATE FILING

1010 Richards Street

Mailing Address: P.O. Box 40, Honolulu, Hl. 96810

Your caucelled check is your receipt

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1991 CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO RESORT HOTEL CORPORATION 1001 BISHOP STREET #2200 - PACIFIC TOWER HONOLULU , HI 96813

T SEQ# FILE# ID TRAN# 92/04/20 817 789 -LINE 4- 172 TOTAL ANOUNT \$ 15.00 77678D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

AUTHORIZED CAPITAL CLASS/SERIES COMMON

NUMBER 20,000 PAID-IN CAPITAL NUMBER OF SHARES ISSUED!

CLASSISER LES COMMON

NUMBER 3000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below, if inactive during the period; state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must OFFICE HELD!

DIRECTOR CODE *P/D -4/7- V/O +1,1,1,1 KAWASAKI TOMIO - T/D FUKUDA, TSUGIO AS/D SCEUIMATKO: CHI -5/D YAMAMOTO, IWANE Tomita, Shigeru • AS Nishida Yasuo Ď Mukai Franklin K.

Be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

FFICE HELDI NAME IN FIREL HESIDENCE ADDRESS: (DO NOT LIST BUSINESS ADDRESS)

FINCLUDE NUMBER & STREET, APT. NO... CITY, STATE & ZIP CODE)

FOR THE STREET APT. NO... CITY, STATE & ZIP CODE)

FOR THE STREET APT. NO... CITY, STATE & ZIP CODE)

FOR THE STREET APT. NO... CITY, STATE & ZIP CODE)

FOR THE STREET APT. NO... CITY, STATE & ZIP CODE)

FOR THE STREET APT. NO... CITY, STATE & ZIP CODE)

FOR THE STREET APT. NO... CITY, STATE & ZIP CODE) -525-DADA-NATZUKA 0544A-55 2-22-7 NAKAMURA SEE RPT 561 KAMOKU ST GOD HDM-HJ-96826 5 45 2 MATAUBARA SET TOKYO JA 156 6175 Makaniolu Pl. Hon. Hi 96821 160 Haaung St., Weiluku H. 96793 6 1140 Waiholo St., Hon, Hi 96821 6

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaji Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

) The above information is true and correct and no changes are necessary.

1

The above information is true and correct with changes so noted.

DATE:

SIGNATURE OF AUTHORIZED OFFICER.

IOFFICE HELD!

Axiorney-in-fact signs, attach power of attorney) FILE NO.0077678D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)

Rev. 12/90 (See reverse side for instructions)

B17

DOMESTIC PROFIT CORPORATION STATE OF HAWAII MAKE REMITTANCE PAYABLE TO: DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS FILING FEE: \$15.00 ORIGINAL-RETURN BY MARCH 31 BUSINESS REGISTRATION DIVISION PENALTY FOR LATE FILING 1010 Richards Street Your cancelled ebeck is your receip Mailing Address: P.O. Box 40, Honolulu, HI. 96810 اكس DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1991 CORPORATE NAME AND MAILING ADDRESS: SPORTS SHINKO (HAWAII) CO., LTD. 95-176 KUAHELANI AVENUE MILILANI , HI 96789 DATE T() T SEO# FILE# 92/04/20 B17 783 -LINE 4- 172 TOTAL AMOUNT \$ 15,00 6126001 If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code: AUTHORIZED CAPITAL PAID-IN CAPITAL (NUMBER OF SHARES ISSUED) CLASSISERIES * NUMBER COMMON CLASS/SERIES 20,000 NUMBER 16,998 To Correct the above capital(s), line out and print the correct class/series and numbers on the right. 2. NATURE OF BUSINESS: HOLDING COMPANY (To correct, line out and print corrections below. If inactive during the period, state INACTIVE.) 3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.) OFFICE HELD! RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS)
(INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE) DIRECTOR CODE -* P/S/T/B P/B KINOSHITA. TOSHIO YAMAMOTO, IWANE KINOSHITA, TAKESHI 6-20-SEIJO SETAGAYA TOKYO JA 55-4-52 MATAUBARA SET KU TOKYO JA 156 6-20-SEIJD SETAGAYA - s/D *V/0 13749 CONDESA DR DEL MAR CA 92014 ** V/O T/D FUKUDA TSUGIO 2-22-7 NAKAMURA NERI TOKYO JA *,4,7 NISHIDA, YASUO K 160 HOAUNA ST WAILUKU H1 96793 4 * 🕽 MUKAI, FRANKLIN K 1140 WAIHOLO ST HON HI 96821 K 45/0 30Ed IMA, KOTCHI DOT KAMOKU ST. WOOD التاكرك KAVASAKI, TOMIO 525 BABA KATZUKACITY OSAKA UA 597 OF Tomita, Shiyeru V 6175 Makanielu Al, Han Hi 96821

CERTIFICATION I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and: CHECK ONLY ONE OF THE FOLLOWING STATEMENTS [] The above information is true and correct and no changes are necessary. M The above information is true and correct with changes so noted. **IOFFICE HELD!**

SIGNATURE OF AUTHORIZED OFFICER, lif Attorney-in-fact signs, attach power of attorney FILE NO.0061260D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)

(see reverse side for instructions)

STATE OF HAWAII

MAKE REMITTANCE PAYABLE TO: FILING FEE \$15.00

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS BUSINESS REGISTRATION DIVISION

ORIGINAL-RETURN BY MARCH 31 PENALTY FOR LATE FILING

1010 Richards Street

Mailing Address: P.O. Box 40, Honofulu, HI, 96810

Your cancelled check is your receipt

LATE

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1991

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (MILILANI) CO., LTD. 95-176 KUAHELANI AVENUE MILILANI, HI 96789

SEQ# FILE# TRANG 92/04/20 B17 785 -LINE 4- 172 TOTAL AMOUNT \$ 15.00

6571901

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

AUTHORIZED CAPITAL CLASS/SERIES

COMMON

NUMBER 20,000 PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)

CLASS/SERIES COMMON

NUMBER

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must OFFICE HELD!

DIRECTOR CODE TOSHIO *V/0 KINOSHITA, TAKESHI *AT NISHIDA, YASUO *****O MUKAI, FRANKLIN FUKUDA TSUGIO *=5/D -SOEUTMA - KOICHI A-40-HAWASAKE, YOMEA

6-20-8 SEIJO SETAGAY TOKYO JA 19749 CONDESA DR DEL MAR CA 92014 160 HOAUNA ST WAILUKU HI 96793

HON H1 96821 6

1140 WAIHDLO ST HON HI 9 2-22-7 NAKAMURA NERI TOKYO JA 584 KAMOKU STR #300 HONOLULU, HI 585 DABA KATZUKA CIT 597-01 UAPAN

5-45-2 MATSUBARA SET U TOKYO, JAPAN 156

1661 Pec' Rd #4204 Kalog, H. 96756

--- s/d YAMAMOTO, IWANE A-5 Tsujimoto, Takuya

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

1 1. The above information is true and correct and no changes are necessary.

If The above information is true and correct with changes so noted

DATE:

SIGNATURE OF AUTHORIZED OFFICER,

(if Attorney-in-fact signs, attach power of attorney)

FILE NO.0065719Dl (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)
(see reverse side for instructions)

B17 Rev. 12/90

STATE OF HAWAII

MAKE REMITTANCE PAYABLE TO:

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS BUSINESS REGISTRATION DIVISION

ORIGINAL BETERN BY MAI PENALTY FOR LATE

1010 Richards Street

Mailing Address: P.O. Box 40, Honolulu, Hl. 96816

Your cancelled check is your :

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1991 CORPORATE NAME AND MAILING ADDRESS:

TS SHINKO (KAUAI) CO., LT KIAHUNA PLANTATION DRIVE A , HI 96756

SEG# FILE# DATE ĬΩ TRANT 92/04/08 B17 769 -LINE 4- 138 TOTAL AMOUNT \$ 15.00 6381891

If the above mailing address has changed, line out address and type or print the new address on the following line. Gi Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL

CLASSISERIES COMMON

S/0

NUMBER 20,000 PAID-IN CAPITAL INUMBER OF SHARES ISSUED!

CLASS/SERIES COMMON

NUMBER

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director minimum of two individuals as officers. 2-22-7 NAKAMUNA PEDA RISK BERANNASHKANANKASHKANA WAILUKU HI 96703 2-22-7 NAKAMURA NERS TOKYO 176 JA FUKUDA, TSUGIO MANUTE. *47 MUKAI, FRANKLIN K 1140 WATHOLD ST HON HI 96821 **AXXXXX** XXXXXXXXXXXXXXXXXXX

BORK KARAKK KARO

AS Tsujimoto, Takuya 1661 Pe'e Rd.

Yamamoto, Iwane

5 45 2 Matsubara Set Tokyo JÄ

Koloa, HI

96万5

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

[] The above information is true and correct and no changes are necessary.

1 The above information is true and correct with changes so noted.

March 19. 1992

SIGNATURE OF AUTHORIZED OFFICER,

Asst. Secretary (OFFICE HELD)

iif Attorney-in-fact signs, attach power of attorney)

File NO.0063818D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your recent see reverse side for instructions)

817



STATE OF HAWAII

MAKE REMITTANCE PAYABLE TO: FILING FEE \$15.00

make Like it is to it

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS BUSINESS REGISTRATION DIVISION

DRIGINAL-RETURN BY MARCH 31 PENALTY FOR LATE FILING

1010 Richards Street

Your cancelled check is your receipt

Mailing Address: P.O. Box 40, Honolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1991

CORPORATE NAME AND MAILING ADDRESS:

T SEO# FILE# DATE ID TRANS 92/04/08 B17 3

13 -LINE 4- SI

TOTAL AMOUNT \$

15,00

SPORTS SHINKO (PUKALANI) CO., LTD. 360 PUKALANI STREET PUKALANI , HI 96788

69566016956601

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

I. AUTHORIZED CAPITAL

CLASS/SERIES COMMON

NUMBER 20,000 PAID-IN CAPITAL INUMBER OF SHARES ISSUED!

CLASS/SERIES COMMON

NUMBER

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS

GCLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACITVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawali. To correct, line out and print corrections on the right. See instructions on back of form.)

NAME IN FULL

RESIDENCE ADDRESS (DO, NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE;

DIRECTOR CODE *P/D/X KINDSHITA, TOSHIO

6-20-8 SEIJO SETAGAY TOKYO JAPAN 13749 CONDESA DR DEL MAR CA 92014

* 4 KINDSHITA, TAKESHI ts T

FUKUDA, TSUGIO **≠**AT

2-22-7 NAKAMURA NERI TOKYO 176 JA WAILUKU HI 96793 € 160 HOAUNA ST

NISHIDA, YASUD -0 MUKAI, FRANKLIN K

1140 WATHOLD ST HON HI 96821 6

S/D

YAMAMOTO, Iwane

5-45-2 Metsubara, Setagayaku, Tokyo Japan

ASTSUJIMOTO, Takuya 1661 Pee Rd. #4204, Koloa, Kauai, Hawaii 96756

S Ę

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

I The above information is true and correct and no changes are necessary.

KI The above information is true and correct with changes so noted.

SIGNATURE OF AUTHORIZED OFFICER,

Attorney-in-fact signs, attach power of attorney)

Rev. 12/90

FILE NO.0069566D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)

(see reverse side for instructions)

B17 (5 **B22**

STATE OF HAWAII

MAKE REMITTANCE PAYABLE TO.

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS BUSINESS REGISTRATION DIVISION

DRIGINAL-RETURN BY MARCH 31 PENALTY FOR LATE FILING

1010 Richards Street

Your cancelled check is your receip

Mailing Address: P.O. Box 40, Hanolula, HI, 96810

رنگل

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1991 CORPORATE NAME AND MAILING ADDRESS:

> SPORTS SHINKO (WAIKIKI) CORPORATION 1001 BISHOP STREET #2200-PACIFIC TOWER #2200-PACIFIC TOWER HONOLULU , HI 96813

DATE SEO# FILE# TRANA 92/04/20 B17 787 -LINE 4- 172 TOTAL AMOUNT \$ 15.00 79478D1

ر ده

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

AUTHORIZED CAPITAL

CLASSISERIES COMMON

NUMBER 20,000 PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)

CLASS/SERIES COMMON

NUMBER 2,000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

TO OWN AND OPERATE HOTELS

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must OFFICERS/DIRECTORS: (List all officers and directors, Every corporation must have a minimum of the content of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

RESIDENCE ADDRESS: (DO NOT LIST BUSINESS ADDRESS)

RECTOR CODE

POTTO PLD KINOSHITA, TOSHIO

GAZIERAD, CA. 82000 DIRECTOR CODE *V/D KINOSHITA, TAKESHI COSTA DEL MAR ROAD CARLSBAD CA 92009 525 DADA KATZUKA SIT DSAKA 597 OT JAPAN 2-22-7 NAKAMURA NERI TOKYO 176 JAPAN

+ 0 , 4 , HAWASAKI TOMIO FUKUDA TSUGIC MUKAI FRANKLIN K 3/6 *AS/D *45/0 SCEUZMA HOLCHI -W-5/D YAMAMOTO TWANE

VP Tomita, Shigeru 15 Mishida Yasuo

581 KANOKU ST. #600 110% HIT 80526 5-45-2 MATSUBARA SET TOKYO JA 156 6175 MAKANIOLU Pl. Hon the 96821

1140 WAIHOLD STREET HONOLULU HI 96821

160 Hoquna St. Waituku, Hr 96793

CERTIFICATION

certify under the penalties of Section 415-136. Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

I The above information is true and correct and no changes are necessary.

M The above information is true and correct with changes so noted,

DATE:

SIGNATURE OF AUTHORIZED OFFICER, (if Attorney-in-fact signs, attach power of attorney)

FILE NO.0079478D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.) (see reverse side for instructions)

B17 822

IOFFICE HELD!

DOMESTIC CORPOR	SPORTS SHI	Maching Add RATION ANNUA D MAILING ADE INKO RESORT I	OF COMMERCE AND CON NESS REGISTRATION DIV 1010 Richards Street Iress: P.O. Box 40, Honoluly L REPORT FOR THE YEAR DRESS: HOTEL CORPORATION	Your cancelled check is H. 96810 R ENDED DECEMBER 31, 1992 DATE 30 SERFICIES
If the above Vumber, Sig OCEAN RE	mailing address h	CIFIC TOWER H 96813 Has changed line of Jin Code: AIKIK, 175	out address and type or print Pacakalani Ave., H	• 93/03/29 ME TOTAL AMEND I TOTAL AMEND I TOTAL AMEND I TOTAL AMEND I TOTAL ME TOTAL
CLASS/SERTI COMMON	ED CAPITAL	NUMBEX 20,000		MBER OF SHARES ISSUEDI NUMBER 3000
OFFICENS/C bes resident OFFICE HELDI MASSTOR CODE	HOLDING (To co. THECTORS, (List all of Hawaii, To correct, in NAME IN FULL **INGSHITA, TOSHE	G COMPANY THEE, hoe out and prior of i officers and directors, no out and prior corrects	LOCATION OF SERVICE SERVICE BUILDINGS ADMINISTRATION OF THE SERVICE ADMINISTRATION OF THE SERVIC	the period, trace INACTIVE)
*Y/0 *Y/0 *AS *S/D	KINGSHITA TAKES TOHITA SHIGERU FUKUDA TSUGIO NISHIDA YASUGI YAMAMOTO IWANE MUKAI FRANKLIN		13749 CONDESA DR 6176 MAKANIOLU PL 2-22-7 NAKAMURA 160 MOAUNA ST 5 45 2 MATAUBARA SETAGAY, 1140 WAIHDLO ST.	DEL MAR CA 92014 HOM HI 96821 WAILUKU HI 96793 A KU TOKYO JA 156 HOM HI 98821

CERTIFICATION

I certify under the penalties of Section 415-136. Hawaii Revised Statutes, that I have read the above and

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

The above information is true and correct and no changes are necessary.

I I The above information is true and correct with changes so noted

SIGNATURE OF AUTHORIZED OFFICER,

Assiscant Secretary OFFICE HELDI /

Attorney-in fact signs, attach power of attorney

FILE NO.0077678D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your rec (see reverse side for instructions)

B17



STATE OF HAWAII

MAKE REMITTANCE PAYABLE TO: FILING FEE: \$15.00

DEPART INT OF COMMERCE AND CONSUM. AFFAIRS BUSINESS REGISTRATION DIVISION

OHIGINAL-RETURN BY MARCH 31 PERALTY FOR LATE FILING

1010 Richards Street

Your cancelled check is your receipt

Mailing Address: P.O. Box 40, Honolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1992 CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (HAWAII) CO., LTD. 95-176 KUAHELANI AVENUE MILILANI HI 96789

ID: T SEOF FILES 93/04/13 817 3 466. -LIME 4-1197 TOTAL ANGUNT & 15.00 61260D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

AUTHORIZED CAPITAL

CLASS/SERIES COMMON

NUMBER 20.000 PAID-IN CAPITAL INUMBER OF SHARES ISSUED! CLASSISPRIPS

NUMBER 16,998 -

To Correct the above capitol(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below, if inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List ell officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

FIGURE HELD!

NAME IN FLAT

FIGURE HELD!

NAME IN FLAT

RESIDENCE ADDRESS IDO NOT LIST BUSINESS ADDRESS INCLUDED NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE!

MINOSHITA, TOSHIO

6-20-SEIJO SETAGAYA KU

TOKYO JA

TOSHIO

OFFICE HELD! DIRECTOR CODE

*P/0 *5/0 YAMAMOTO, IWANE *V/D KINOSHITA, TAKESHI *T/D FUKUDA, TSUGIO NISHIDA, YASUO K MUKAT, FRANKLIN K TOMITA SHIGERU

5-4-52 MATAUBARA SETAGAYA-13749 CONDESA DR 2-22-7 NAKAMURA NERIMA-KU 160 HOAUNA ST 1140 WATHOLD ST 6175 MAKANIGULU PL

TOKYO JA SEKU TOKYO JA 156 BEL MAR CA 92014 TOKYO JA WAILUKU HI 96793 4 HON HI 96821 HON HI 96821

Ö

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

M The above information is true and correct and no changes are necessary.

[] The above information is true and correct with changes so noted.

2/16/93

SIGNATURE OF AUTHORIZED OFFICER,

ASSISTANI Treasurer (OFFICE HELD)

FILE NO.0061260D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)

ill Attorney-In-fact signs, attach power of attorneyl

(see reverse side for instructions)



STATE OF HAWAII

MAKE REMITTANCE PAYABLE TO: FILING FEE: \$15.00

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS BUSINESS REGISTRATION DIVISION

DAIGINAL-RETIRN BY MARCH 31 PENALTY FOR LATE FILING

1010 Richards Street

Your cancelled check is your receipt

Mailing Address: P.O. Box 40, Honolulu, Hl. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1992 CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (MILILANI) CO., LTD. 95-176 KUAHELANI AVENUE MILILANI HI 96789

-F91 - II. 93/43/16 E TOTAL AMUU-55719D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL CLASS/SERTES

NUMBER 20,000 PAID-IN CAPITAL (NUMBER OF SHARES ISSUED) CLASS/SERIES COMMON

NUMBER 10,998

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below, if inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must

be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE NAME IN FULL

*P/0 KINGSHITA, TOSHIO KINOSHITA, TAKESHI *V/0 NISHIDA.YASUO * AT MUKAI, FRANKLIN *D

FUKUDA.TSUGIO YAMAMOTO, IWANE 15/0 AYUNAT, OTOMILUET * AS

HESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS)
HNCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
6-20-8 SEIJO SETAGAYA-KU TOKYO JA 6-20-8 SEIJO SETAGAYA-KU 13749 CONDESA DR 160 HOAUNA ST 1140 WAIHOLD ST 2-22-7 NAKAMURA NERIMA-KU 5-45-2 MATSUBARA SETAGAYA-K 1661 PEE' RD #4204

DEL MAR CA 92014 WAILUKU HI 96799 HON HI 96621 TOKYO JA U TOKYO, JAPAN 56 KOLOA HI 96796

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE POLLOWING STATEMENTS

[X] The above information is true and correct and no changes are necessary.

1 The above information is true and correct with changes so noted.

SIGNATURE OF AUTHORIZED OFFICER,

Assistant regswer (OFFICE HELD)

if Attorney-in-fact signs, attach power of attorney)

FILE NO.0065719D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)

Rev. 12/90 (see reverse side for instructions)

B17



STATE OF HAWAII

MAKE REMITTANCE PAYABLE TO: FILING FEE \$15.00

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS BUSINESS REGISTRATION DIVISION

ORIGINAL-RETURN BY MARCH IT PENALTY FOR LATE FILING

1010 Richards Street

Your cancelled check is your receipt

Mailing Address: P.O. Box 40, Henolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1992 CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (KAUAI) CO. LT 2545 KIAHUNA PLANTATION DRIVE KOLOA HI 96756

817 00089243 13- 3/16/93 15.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL

CLASS/SPRIES COMMON

KUMBER 20.000 PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)

CLASS/SERIES COMMON

PUMBER

3.996

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below, If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.) RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)

OFFICE HELD! NAME IN FULL DIRECTOR CODE

*F/#/#/D KINOSHITA, TOSHIO *V/D KINOSHITA, TAKESHI *T FUKUDA, TSUGIO *AS YSUJIMOTO. TAKUYA *AT NISHIDA, YASUD MUKAI, FRANKLIN K *0 *S/D YAMAMOTO, IWANE

6-20-8 SELJO SETAGAYA-KU 13749 CONDESA DR 2-22-7 NAKAMURA NERI 1661 PE'E RD 160 HOAUNA ST 1140 WAIHOLD ST 5 34 2 MATSUSARA

TOKYO 176 JA KOLOA HI 86756 WAILUKU HI 96793 4 HON HI 96821

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

[] The above information is true and correct and no changes are necessary.

[] The above information is true and correct with changes so noted.

DATE: February 29

presto SIGNATURE OF AUTHORIZED OFFICER,

Assistant Secretary

iff Attorney-in-fact signs, attach power of attorneyi FILE NO.0063818D1 (Fife this original copy. Photo copy will not be accepted. Keep photo copy for your records.)

(see reverse side for instructions)

B17 /5 **B22**

STATE OF HAWAII

MAKE REMITTANCE PAYABLE TO: FILING FEE \$15.00

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS BUSINESS REGISTRATION DIVISION

ORIGINAL-RETURN BY MARCH 31 PENALTY FOR LATE FILING

1010 Richards Street

Your cancelled check is your receipt Mailing Address: P.O. Box 40, Honolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1992

SPORTS SHINKO (PUKALANI) CO., LTD. 360 PUKALANI STREET PUKALANI HI 96788

CORPORATE NAME AND MAILING ADDRESS:

817 00090402

2-3/17/93

15.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

AUTHORIZED CAPITAL

CLASS/SERIES COMMON

NUMBER

PAID-IN CAPITAL INUMBER OF SHARES ISSUEDI

CLASS/SERIES COMMON

NUMBER

1,000

To Correct the above espital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line our and print corrections on the right. See instructions on back of form.)

OFFICE HELD! NAME IN FIX.L DIRECTOR CODE

*P/0 KINOSHITA, TOSHIQ *V10 KINOSHITA, TAKESHI * T FUKUDA, TSUGIO * AT NISHIDA, YASUO *Đ MUKAI, FRANKLIN K

*S/D YAMAMOT, IWANE *AS TSUJIMOTO, TAKUYA RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS)
(INCLUDE NUMBER & STREET, APT, NO., CITY, STATE & ZIP CODE) 6-20-8 SELUC SETAGAYA-KU 19749 CONDESA DR 2-22-7 NAKAMURA NERIMA-KU 160 HOAUNA ST 1140 WAIHOLD ST 5-45-2 MATSUBARA 1661 PEE RD #4204

TOKYO JAPAN CA 92014 TOKYO 176 JA WAILUKU HI 96793 € HON HI 86821 C KOLOA KAUAI HI 9675

* Ž.

N C

(E. :w

CERTIFICATION

I certify under the penalties of Section 415-136. Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

[] The above information is true and correct and no changes are necessary.

[] The above information is true and correct with changes so noted.

Rev. 12/90

Assistant Treasurer

SIGNATURE OF AUTHORIZED OFFICER, (if Attorney-in-fact signs, attach power of attorney)

FILE NO.0069566D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.) (see reverse side for instructions)

B17



STATE OF HAWAII

MAKE REMITTANCE PAYABLE TO: FILING FEE \$15.00

DEPARTALINT OF COMMERCE AND CONSUMA . APPAIRS BUSINESS REGISTRATION DIVISION

ORIGINAL-RETURN BY MARCH 31 PENALTY FOR LATE FILING

1010 Richards Street

Your cancelled check is your receipt

Mailing Address: P.O. Box 40, Honolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1992

CORPORATE NAME AND MAILING ADDRESS:

DATE 10 T SEOF FILE* TRANS 93/03/23 817 198 -LINE 4- 990 TOTAL ANDUNT & 15.00

79478D1

SPORTS SHINKO (WAIKIKI) CORPORATION 1001 BISHOP STREET #2200-PACIFIC TOWER HONOLULU HI 96813

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL

CLASS/SERIES COMMON

"S/O

NUMBER 20,000 PAID-IN CAPITAL INUMBER OF SHARES ISSUED!

CLASS/SERIES COMMON

NUMBER 2,000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

TO OWN AND OPERATE HOTELS

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawait. To correct, line out and print corrections on the right, See instructions on back of form.)

OFFICE HELD/ NAME IN FULL

DIRECTOR CODE *P/D KINOSHITA, TOSHIO * V/D KINOSHITA, TAKESHI * V TOMITA, SHIGERU *T/0 FUKUDA, TSUGIO MUKAI, FRANKLIN K * A5/D TAS. NISHIDA, YASUO

YAMAMOTO, IWANE

BESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS)
(INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE) 6-20-8 SE100 COSTA DEL MAR ROAD 6175 MAKANIDLU PL 2-22-7 NAKAMURA NERIMA-KU 1140 WATHOLD STREET 160 HOANUNA ST 5-45-2 MATSUBARA SETAGAYAKU TOKYO JA 158

SETAGAYA-KU TOKYO JAPAN CARLSBAD CA 92009 HON HI 96821 TOKYO 175 JAPAN HONOLULU HI 96821 4 ₩AILUKU HI 98793 €

> -== 7 Ö

CERTIFICATION

I certify under the penalties of Section 415-136. Hawaii Revised Statutes, that I have read the above and

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

[] The above information is true and correct and no changes are necessary.

1) The above information is true and correct with changes so noted.

rus SIGNATURE OF AUTHORIZED OFFICER, ASSICTANT SECTEMAN (OFFICE HELD)

FILE NO.0079478D1

Attorney-in-fact signs, attach power of attorney)

(File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)

Rev. 12/90

(see reverse side for instructions)

B17 B22



STATE OF HAWAII

MAKE REMITTANCE PAYABLE TO: FILING FEE: \$15.00

DEPARTMENT OF COMMERCE AND CONSUMEN AFFAIRS

ORIGINAL-HETURN BY MARCH 31 PENALTY FOR LATE FILING

BUSINESS REGISTRATION DIVISION

1010 Richards Street

Your cancelled check is your receipt

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, H1. 96810

DOMESTIC PROPIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1993 CORPORATE NAME AND MAILING ADDRESS:

SHINKO RESORT HOTEL CORPORATION

PARISHOP SOF TOTAL AND TO

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

I. AUTHORIZED CAPITAL CLASS/SERIES

NUMBER 20.000 PAID-IN CAPITAL (NUMBER OF SHARES ISSUED) CLASSISERIES NUMBER COMMON 3000

To Correct the above capital(s), line but and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors, Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.) NAME IN FULL RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE) DIRECTOR CODE +0/0 KINOSHITA, TOSHIO 6-20-8 SEIJO SETAGAYA *V/D KINDSHI TA, TAKESHI 13749 CONDESA DR DEL MAR CA 92014 +54 TONITA, SHIGERU 6175 MAKANTOLU PL. HON HI BERZI *T/D. FUKUDA, TSUGIO 2-22-7 NAKAMURA *45 NISHIDA YASUD -160-HOALINA-ST WATERWOOD TO THE *5/D YAMAMOTO, IWANE 5 45 2 MATAUBARA SETAGAYA KU TOKYO JA 156 HON HI 96821 MUKAI FRANKLIN K 1140 WATHOLO ST.

18 Nishida, Yasuo

95-054 Hokuiwa Street, No. 111 Mililani Town, Hawaii 96789

SPORTS SHINKO RESORT HOETL CORPORATION --- 175 FAGAKALANI AVE. #300 HONOLULU, HAWAII 96815

CERTIFICATION

I certify under the penalties of Section 415-136. Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

1) The above information is true and correct and no changes are necessary.

IX The above information is true and correct with changes so noted.

Roses SIGNATURE OF AUTHORIZED OFFICER A STORES THE CONTRACTOR (OFFICE HELD)

lif Attorney-in-fact signs, attach power of attorney) FILE NO.0077678D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)

(see reverse side for instructions)

B17



Rev. 12/90

STATE OF HAWAII

MAKE REMITTANCE PAYABLE TO: FILING FEE: \$15.00

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS BUSINESS REGISTRATION DIVISION

ORIGINAL-RETURN BY MARCH 31 PENALTY FOR LATE FILING

1010 Richards Street

Your cancelled check is your receipt

Mailing Address: Annual Filing, P.O. Box 40, Honolule, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1993 CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (HAWAII) CO., LTD. 95-176 KUAHELANI AVENUE MILILANI HI 96789

DATE TFI T SEOS FILES 94/03/23 817 3 66 LIFE 4- 454 TOTAL AMOUNT \$ 15.@) 5126001

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL

CLASS/SERIES COMMON

NUMBER 20.000 PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)

CLASS/SERIES COMMON

NUMBER 16,998

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state iNACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.) OFFICE HELD! RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS)
(INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE) DIRECTOR CODE KINOSHITA, TOSHIO YAMAMOTO, IVANE *P/D 6-20-SELUG SETAGAYA KU TOKYO UA *S/D 5-4-52 MATAUBARA SETAGAYA-KU TOKYO JA KINOSHITA, TAKESHI *1/D 19749 CONDESA OR DEL MAR CA 92014 * T / T FUKUDA, TSUGIO 2-22-7 NAKAMURA NERIMA-KU TOKYO JIA *AT NISHIDA, YASUD K 100 HOAUNA ST WAILUKU HI SOPSO-A . F 1 MUKAT FRANKLIN K 1140 WATHOLD ST HON HI 96821 * 1 TOMITA SHIGERU 6175 MAKANIDULU PL HON HI 96821 Change of address: Nishida, Yasuo -95-054 Hokuiwa, No. 111 Mililani Town, Hawaii 96789

SPORTS SHINKO(HAWAII)CO.,LTD.---- 175 PAOAKALANI AVE. #300 HONOLULU, HAWAII 96815

NOISHAID ISIDA ESBARSDE FRENCED -ري

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

[] The above information is true and correct and no changes are necessary.

IN The above information is true and correct with changes so noted.

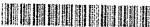
DATE: February 23

SIGNATURE OF AUTHORIZED OFFICER

Assistant beasing IOFFICE HELD!

if Attorney-in-fact signs, attach power of attorney)

FILE NO.0061260D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.) (see reverse side for instructions) B17



STATE OF HAWAII

MAKE REMITTANCE PAYABLE TO: FILING FEE \$15.00

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS BUSINESS REGISTRATION DIVISION

ORIGINAL-RETURN BY MARCH 31 PENALTY FOR LATE FILING

1010 Richards Street

1010 Richards Street Your cancelled check is your receipt Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1993 CORPORATE NAME AND MAILING ADDRESS:

ORTS SHINKO (MILILANI) CO., LTD. -176 KUAHELANI AVENUE LILANI HI 96789

DATE T SER# FILE# TRANC 94/03/10 8:17 ۵ 421 -LINE 4- 410 TOTAL AMOUNT \$ 15.00

6571901

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

AUTHORIZED CAPITAL CLASS/SERIES

COMMON

NUMBER 20,000 PAID-IN CAPITAL (NUMBER OF SHARES ISSUED) NUMBER

CLASS/SERIES COMMON 10.998

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)
FFICE HELD! NAME IN FULL RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) OFFICE HELD! DIRECTOR CODE

*P/D KINOSHITA.TOSHIO * V/D KINOSHITA. TAKESHI *41 NISHIDA, YASUO ₩D MUKAT, FRANKLIN ₩. T FUKUDA, TSUGIO *5/D YAMAMOTO IWANE *AS TSUJIMOTO TAKUYA

& ZIP CODE UNCLUDE NUMBER & STREET, APT. NO., CITY, STATE 6-20-8 SEIJO SETAGAYA-KU TOKYO JA 🗲 13749 CONDESA DR DEL MAR CA 92014 166 HOAUNA ST WATERWU HI 06703 HON HI 96821 1140 WATHOLD ST 2-22-7 NAKAMURA NERIMA-KU TOKYO JA 5-45-2 MATSUBARA SETAGAYA-K U TOKYO, JAPAN 156 1881 PEE ND #4204 KOLOA-HI-96756--

Change of Address:

Nishida, Yasuo -

95-054 Hokuiwa, No. 111 Mililani Town, Hawaii 96789

Tsujimoto, Takuya - 160 Hoauna Street Wailuku, Hawaii 96793

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

1 The above information is true and correct and no changes are necessary.

1/1 The above information is true and correct with changes so noted.

SIGNATURE OF AUTHORIZED OFFICER,

Assistant Treasure OFFICE HELDI

Ull Attorney in-fact signs, attach power of attorney)

FILE NO.0065719D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.) Rev. 12/90

(see reverse side for instructions)



STATE OF HAWAII

MAKE REMITTANCE PAYABLE TO: FILING FEE: \$15.00

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS BUSINESS REGISTRATION DIVISION

ORIGINAL-RETURN BY MARCH 31 PENALTY FOR LATE FILING

1010 Richards Street Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1993

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (KAUAI) CO. LT 2545 KIAHUNA PLANTATION DRIVE KOLOA HI 96756

DATE ID T. SEQ# FILE# 94/03/15 B17 4 346 -LINE 4-2488 TOTAL AMOUNT \$ 15.00

63818D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

AUTHORIZED CAPITAL

CLASS/SERIES COMMON

NUMBER 20,000 PAID-IN CAPITAL INUMBER OF SHARES ISSUED! CLASS/SERIES COMMON

3,998

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

(List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawali. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD! DIRECTOR CODE	NAME IN FULL	RESIDENCE ADORESS (DO NOT LIST B (INCLUDE NUMBER & STREET, APT.	
*P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU	TOKYO JA
*V/0	KINOSHITA, TAKESHI	13749 CONDESA DR	
*T	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERI	TOKYO 176 JA
	TSUJIMOTO, TAKUYA	1881 PE E RD	- KOLOA HI OG786
*AT *D *S/D	NISHIDA,YASUD MUKAI,FRANKLIN K YAMAMOTO.IWANE	160 HOAUNA ST 1140 WAIHOLO ST 5 34 2 MATSUBARA	SEL LOKAO NY 128 HOW HI 36851
AAS	NISHIDA, YASUO	95-054 Hokuíwa #111	Mililani, HI 96789 C
AAS	TSUJIMOTO, TAKUYA	160 Hoauma St.	Wailuku, HI 96793

30

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

[] The above information is true and correct and no changes are necessary.

[] The above information is true and correct with changes so noted.

SIGNATURE OF AUTHORIZED OFFICER,

Incare with (OFFICE HELD)

Attorney-in-fact signs, attach power of attorney

FILE NO.0063818D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)
Rev. 12/90 (see reverse side for instructions)

B17



STATE OF HAWAII

MAKE REMITTANCE PAYABLE TO: FILING FFF- \$15.00

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS BUSINESS REGISTRATION DIVISION

ORIGINAL-RETWIN BY MARCH 21 PENALTY FOR LATE FILING

1010 Richards Street

Your cancelled check is your receipt

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI, 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1993 CORPORATE NAME AND MAILING ADDRESS:

PORTS SHINKO (PUKALANI) CO., LTD. 60 PUKALANI STREET UKALANI HI 96788

817 00091715

2-3/17/94

96789 🧲

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

AUTHORIZED CAPITAL

CLASS/SERIES COMMON

NUMBER 20,000 PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)

NUMBER

CLASS/SERIES COMMON

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE,)

3. OFFICERS/DIRECTORS: (List all officers and directors, Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.) RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE) OFFICE HELD! NAME IN FULL

THECTOR COOP	
*P/D	KINOSHITA, TOSHIO
*V/D	KINDSHITA, TAKESHI
₹ T	FUKUDA, TSUGIO
*AT	NISHIDA, YASUO
*Đ	MUKAT, FRANKLIN K
*S/D	YAMAMOT, IWANE
*ÁS	TSUJIMOTO, TAKUYA
A/T	NISHIDA, Yasuo

6-20-8 SEIUD SETAGAYA-KU 13749 CONDESA DR 2-22-7 NAKAMURA NERIMA-KU JZXANWARKOR! 1140 WAIHOLD ST 5-45-2 MATSUBARA MOSEK SERVERS X SERVERS X

TOKYO JAPAN CA 92014 TOKYO, 176 JA RATHECH HANDSCHAM HON HI 96821 KANDAXXAUAN XIIX RRX56X

TSUJIMOTO, Takuya A/S

95-054 Hokuiwa St/. Apt 111 Mililani Town, Hi 160 Hoauna St., Wailuku, Hawaii 96793

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

1) The above information is true and correct and ne changes are necessary.

[X] The above information is true and correct with changes so noted.

DATE: 03/07/94

(see reverse side for instructions)

Assistant Secretary

IOFFICE HELD!

SIGNATURE OF AUTHORIZED OFFICER, lif Attorney-in-fact signs, attach power of attorney) FILE NO.0069565D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)

Rev. 12/90

B17 B22

STATE OF HAWAII

MAKE REMITTANCE PAYABLE TO: FILING FEE \$15.00

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS BUSINESS REGISTRATION DIVISION

ORIGINAL-RETURN BY MARCH 3: PENALTY FOR LATE FILING



1010 Richards Street

Your cancelled check is your receipt

Mailing Address: Annual Filing, P.O. Box 40, Henolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1993 CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (WAIKIKI) CORPORATION 1001 BISHOP STREET 12200-PACIFIC TOWER ĤŎÑŎĽIJĿŨĬĤŦĨŎ6ĠĨä

DATE ID T SEOT FILET 94/03/23 B17 67 -LINE 4- 454 TOTAL AMOUNT \$ 15.00 7747801

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

I. AUTHORIZED CAPITAL CLASS/SERIES COMMON

NUMBER 20,000 PAID-IN CAPITAL INUMBER OF SHARES ISSUED! CLASS/SERIES

COMMON

NUMBER 2.000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right. NATURE OF BUSINESS

TO OWN AND OPERATE HOTELS

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must the a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

RESIDENCE ADDRESS: (DO NOT LIST BUSINESS ADDRESS)

(INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE) OFFICE HELDI DIRECTOR CODE +F/D KINOSHITA, TOSHIO 6-20-8 SEIJO SETAGAYA-KU TOKYO JAPAN 🗲 *¥/D KINOSHITA, TAKESHI COSTA DEL MAR ROAD CARLSBAD CA 92009 • ٧ TOMITA, SHIGERU 6175 MAKANIOLU PL *T/D

FUKUDA, TSUGIO *A5/0 MUKAI, FRANKLIN K *AS NISHIDA. VASUO *5/0

2-22-7 NAKAMURA NERIMA-KU 1140 WATHOLD STREET TO HOANUNA ST

HON HI 96821 TOKYO 176 JAPAN HONOLULU HI 96821

W#71UNU-HI-06793 5-45-2 MATSUBARA SETAGAYAKU TOKYO JA 156

Change of address:

AS

Nishida, Yasuo

YAMAMOTO, IWANE

95-054 Hokuiwa Street, No. 111 Mililani Town, Hawaii 96789

平 SPORTS SHINKO(WAIKIKI)CORPORATION--- 175 PAOAKALANI AVE. #300 HONOLULU, HAWATI 96815

7 -ഺൣ൦ഁ KOK

CERTIFICATION

I certify under the pensities of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

[] The above information is true and correct and no changes are necessary.

[X] The above information is true and correct with changes so noted.

1824 SIGNATURE OF AUTHORIZED OFFICER,

Amisemit, lecretary (OFFICE HELD)

(if Attorney-in-fact signs, attach power of attorney)

FILE NO.0079478D1 (Pile this original copy. Photo copy will not be accepted. Keep photo copy for your records.)

Rev. 12/90 (see reverse side for instructions)

B17

